## **Compensation of Hospital Employees**



Calendar Year: 2020 Entity Name: Kittitas Valley Healthcare								
(A)Employee Name (who does not have direct patient care responsibilities)	Indicate if Lead Administrator	Hospital if applicable	(B) Breakdown (i) Base Compensation	of W-2 and/or 1099 f (ii) Bonus & Incentive Compensation	MISC Compensation (iii) Other Reportable Compensation	(C) Retirement and Deferred Compensation	(D)Non- Taxable Benefits	(E) Total
<sup>1</sup> Julie Petersen	Yes		302,744			28,221	9,067	340,032
<sup>2</sup> Dale Olander			215,384			1,137	14,556	231,077
<sup>3</sup> Rhonda Holden			195,000			11,617	8,907	215,524
<sup>4</sup> Jeffrey Yamada			210,122			1,109	14,548	225,779
<sup>5</sup> Vicky Machorro			170,102			11,219	8,862	190,183
6								0
7								0
8								0
9								0
10								0
11								0
12								0
13								0
14								0
15								0

Add Additional lines as needed

Notes:

Please refer to IRS Form 990 and Schedule J for definitions of types of compensation

Form 990 Schedule J http://www.irs.gov/pub/irs-pdf/i990sj.pdf

If the five highest paid employees do not include the lead administrator, please report compensation information for the lead administrator on line 1, and for the five highest paid employees without patient care responsibilities on lines 2 through 6.

Please submit compensation information to DOH either by mail, fax or email to the following address:

Washington State Department of Health

Community Health Systems/Hospital Financial and Charity Care Section

MS: 47853

Olympia, WA 98504-7853

email: hos@doh.wa.gov